



EVIDENCE SUBMISSION FORM (ESF)

The Commonwealth of Massachusetts
 Department of State Police Crime Laboratory (MSPCL)
 Sudbury Evidence Unit: (508) 358-3155 Fax: (508) 358-3222
 Danvers Evidence Unit: (978) 538-6111 Fax: (978) 538-6112
 Lakeville Evidence Unit: (508) 946-1310 Fax: (508) 946-104
 Springfield Evidence Unit: (413) 205-1837 Fax: (413) 205-1838

Pl:

M

22-02184 - 7

Sub# 7 Received (3/14/2022)

MSP Norfolk County Detective Unit
 Case# 2022-112-0033

Type of Case: <u>FATAL B&T AND R&V</u>				Date of Incident: <u>1/29/2022</u>			
Investigating Agency: <u>MSP NORFOLK COUNTY SPD</u>				Investigating Agency Case #: <u>2022-112-0033</u>			
Incident Address: <u>31 FERRISVIEW ROAD</u>				Incident Town: <u>CANTON</u>			
Report to (Name):		Tel. #:		Email:			
Victim/Other's Name(s)		DOB	Sex	Race	Suspect's Name(s)		DOB
V ☐ O ☐							
					SSN #		
V ☐ O ☐							
					SSN #		
V ☐ O ☐							
					SSN #		
List each item of evidence separately with a brief description.				Recovery Location (List Owner's Name or Location Found)		Analysis Requested: (Arson, CRIM, CSSS, DNA, FIS, GSR, Tox, Tox OUI w/blood, Trace, etc.) / Special Requests	
1 BLUE JEANS, BLACK BELT & PLAIN BOLE SHIRTS				GOOD SAMBRETAN HOSP		CRIM	
2 1 PAIR BLACK NINE SHOES				left - 34 FERRISVIEW RD RIGHT - 34 FERRISVIEW RD			
3 1 LARGE T-SHIRT, 1 GRAY LONG SLEEVE SHIRT				GOOD SAMBRETAN HOSP			
4 Pieces of Red Plastic				31 FERRISVIEW RD, CANTON		TRAC	
5 Pieces of clear plastic				34 FERRISVIEW RD, CANTON			
6 1 Black BPD Baseball Hat				31 FERRISVIEW RD, CANTON		CRIM	
7 Red & clear plastic pieces				31 FERRISVIEW RD, CANTON		TRAC	
8 Pieces of Broken Glass & 1 Black STROM				31 FERRISVIEW RD, CANTON			
9 Piece of Red Plastic				31 FERRISVIEW RD, CANTON			
10 6 Pieces of Red, clear & black plastic				34 FERRISVIEW RD, CANTON			
11 11 Pieces of Glass & clear plastic				31 FERRISVIEW RD, CANTON			
12 Red & black plastic pieces				31 FERRISVIEW RD, CANTON			

The items reported to be in the packages were inventoried and documented above by a representative from the submitting agency. At the time of analysis, the assigned analyst/examiner will unseal the package and verify the inventory. In the event of a discrepancy between the actual inventory and that reported on this form, reconciliation shall be conducted in accordance with the Massachusetts State Police Crime Laboratory (MSPCL) Evidence Handling and Submission Manual. The undersigned submits this evidence on behalf of the investigating agency, who acknowledges that the MSPCL is responsible for conducting all tests according to standard procedures, and who authorizes the MSPCL to make all decisions regarding scientifically necessary deviations from said procedures. This may include sending an item(s) to another laboratory for analysis. All procedural deviations shall be documented in the laboratory notes according to laboratory procedure but notice of each such deviation need not be given to the agency.

I,

Received By (Signature)

acknowledge receipt of the item(s) above from

Printed or typed rank & name of Delivered By

3.14.22
 Date of Submission

Department / Agency (of Delivered By)

Signature of Delivered By

IF THE STATUS OF THIS CASE CHANGES, PLEASE NOTIFY THE CASE MANAGEMENT UNIT AT 978-451-3440.

WHITE (Lab, Page 1 of 4)

YELLOW (DA, Page 2 of 4)

PINK (Evidence, Page 3 of 4)

GOLD (Deliverer, Page 4 of 4)



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MSP Norfolk County Detective Unit
Case# 2022-112-0033

Type of Case:				Date of Incident:					
Investigating Agency:				Investigating Agency Case #:					
Incident Address:				Incident Town:					
Report to (Name):		Tel. #:		Email:					
Victim/Other's Name(s)		DOB	Sex	Race	Suspect's Name(s)		DOB	Sex	Race
☐ V ☐ O									
					SSN #				
☐ V ☐ O									
					SSN #				
☐ V ☐ O									
					SSN #				
List each item of evidence separately with a brief description.				Recovery Location (List Owner's Name or Location Found)		Analysis Requested: (Arson, CRIM, CSSS, DNA, FIS, GSR, Tox, Tox OUI w/blood, Trace, etc.) / Special Requests			
1 Glass fragments				31 Fairview RD, CENTON		Trace			
2 3 Pieces clear Plastic, 5 Red Pieces				31 Fairview RD, CENTON					
3 Red & Clear Plastic Pieces				31 Fairview RD, CENTON					
4									
5									
6									
7									
8									
9									
10									
11									
12									

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I, MR. Michael Pector, acknowledge receipt of the item(s) above from MR. Michael Pector
Received By (Signature) Printed or typed rank & name of Delivered By

3.14.22
Date of Submission

112
Department / Agency (of Delivered By)

MR. PECTOR #3863
Signature of Delivered By

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